

**COUNCIL BLUFFS POLICE DEPARTMENT**  
**CITIZENS' POLICE ACADEMY**  
APPLICATION FOR REGISTRATION

I wish to be considered for participation as a citizen student in the Council Bluffs Police department's Citizens' Police Academy. I do understand that the CPA program is a community relations and public information program of the Council Bluffs Police department. It is in no way an accredited educational program nor does it have any formal affiliation with any educational institution. I have also reviewed the academy schedule and will be able to attend throughout the 12 –week course.

NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

SSN: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Have you ever been arrested? YES \_\_\_\_\_ NO \_\_\_\_\_

Why do you wish to attend the Citizen's Police Academy?

Please list your community involvement:

**Important Notice:** A criminal records checks will be conducted on all applications for the Citizen's Police Academy. By signing below, you hereby grant the Council Bluffs Police department authority to conduct a criminal history check.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to:

**Community Services Officer Dave Burns #677**  
**Council Bluffs Police Department**  
**227 South 6<sup>th</sup> Street**  
**Council Bluffs, Iowa 51501**